

QUASAR ENERGY SERVICES, INC.

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Form 185-2r

3/18/25

CEMENTING JOB LOG



CEMENTING JOB LOG

Company: BLUE STAR HELIUM Well Name: JACKSON 4L4 3154

Type Job: SQUEEZE AFE #: 0

CASING DATA

Table with Casing Data: Size, Grade, Weight, Casing Depths (Top, Bottom), Drill Pipe (Size, Weight), Tubing (Size, Weight, Grade, TD), Open Hole (Size, T.D.), Perforations (From, To, Packer Depth).

CEMENT DATA

Table with Cement Data: Spacer Type, Amt., Sks Yield, ft³/sk, Density (PPG), LEAD: CLASS A, Amt. 200, Sks Yield 1.17, ft³/sk 234, Density (PPG) 15.65, TAIL: Amt., Sks Yield, ft³/sk, Density (PPG).

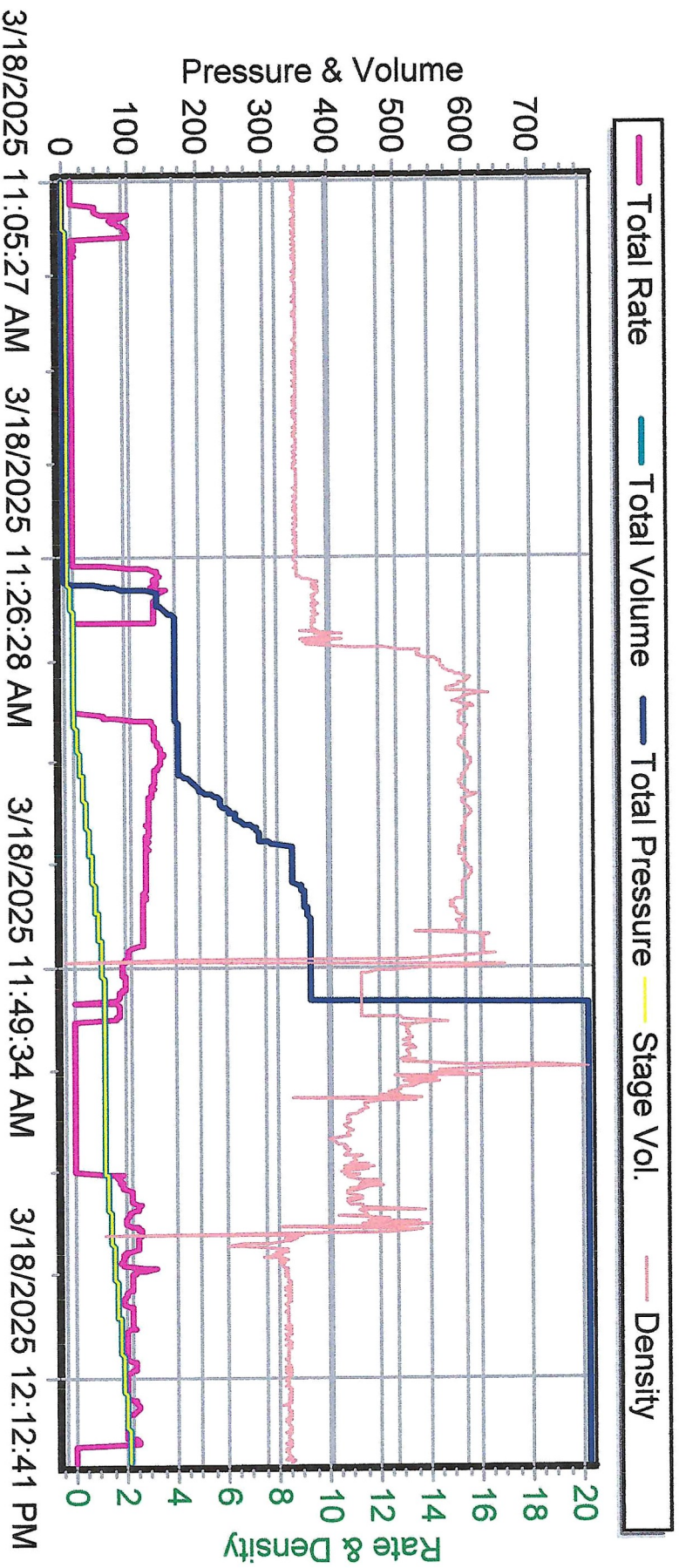
Table with Water: WATER: FRESH, Lead: 24.76 gals/sk, Tail: 5.2 gals/sk, Total (bbls): 24.76

Table with Equipment: Pump Trucks Used: DP 4, Bulk Equipment: 660-21, Disp. Fluid Type: FRESH, Amt. (Bbls.): 6, Weight (PPG): 8.33, Mud Type:

COMPANY REPRESENTATIVE: _____ CEMENTER: JESSE PAXTON

Main data table with columns: TIME (AM/PM), PRESSURES PSI (Casing, Tubing, ANNULUS), FLUID PUMPED DATA (TOTAL, RATE), REMARKS. Includes entries from 0900 to 1219.

BLUE STAR HELIUM JACKSON 4L4 3154 SQUEEZE 3-18-25





Job Safety Analysis Checklist -JSA

Form 181-4/185-2

10/1/24
JSA

Company: BLUE STAR HELIUM
 Location: KIM COLORADO
 Weather: CLOUDY
 Type of Job: SQUEEZE
 Line Boss: DANNY MCLANE

Date: 3/18/25
 Well Name: JACKSON 4L4 3154
 Temp.: 30 Wind Direction: N
 Person in Charge: JESSE PAXTON
 Emergency Driver: JOSE MARTINEZ

Emergency Info.	PPE/Body Hazards	Confined Space
<input type="checkbox"/> Eye Wash	<input checked="" type="checkbox"/> Hard hat	<input type="checkbox"/> Rescuue Plan
<input type="checkbox"/> Shower Station	<input checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Hole Watch / Communication
<input type="checkbox"/> Fire Extinguishers Loc/Tag	<input checked="" type="checkbox"/> Proper Work Boots	<input type="checkbox"/> Atmosphere Testing
<input checked="" type="checkbox"/> Evacuation Route / Muster	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Ventilation
<input checked="" type="checkbox"/> Leak/Spill Reporting	<input checked="" type="checkbox"/> Hand Protection	<input type="checkbox"/> Respirator
<input checked="" type="checkbox"/> Fire Reporting	<input checked="" type="checkbox"/> Flame Resistant Clothing FR	Tools / H2O
	<input checked="" type="checkbox"/> Fall protection	<input checked="" type="checkbox"/> Right Tool for the Job
	<input checked="" type="checkbox"/> Lock Out / Tag Out	<input checked="" type="checkbox"/> Inspection
	<input checked="" type="checkbox"/> Respiratory- Silica, Chemical	<input checked="" type="checkbox"/> Drinking Water

Hospital Information

Hospital: _____
 Phone #: _____
 Address: _____

Scope of Work	Potential Hazards	Safety Controls
1 RIG UP	HEAVY LIFTING; LIFTING OVERHEAD	TEAMWORK, COMMUNICATION
2 PUMPING OPERATION	PRESSURIZED LINES	TEAMWORK, COMMUNICATION
3 RIG DOWN	HEAVY LIFTING; LIFTING OVERHEAD	TEAMWORK, COMMUNICATION

	Print Name	Signature	Company
1	JESSE PAXTON		
2	DANNY MCLANE		
3	JOSE MARTINEZ		
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

Total # Workers: _____



Bill of Lading

Driver: Jose Martinez

Date: 3-18-25

Truck/Trailer #: 189-660-21

FOB (City/State): Liberal, KS

Destination (City/State) Kim Co.

Ending Odometer:

F
B

QTY.	Description
200	A Neat
150	A Neat

EMERGENCY RESPONSE PROVIDER:
IN CASE OF LEAK, SPILL, FIRE, OR OTHER EMERGENCY CALL
VERISK 3E AT: 1-800-451-8346
ID Number: 16843